

INFORM

ID NO.

DATE

FEE DETERMINATION
O.I.P.E. CLASSIFIER
FORMALITY REVIEW
RESPONSE FORMALITY REVIEW

SSA

65-6614 5-12-66

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
-	(Through numeral) Canceled	A	Appeal
:	Restricted	O	Objected

Claim	Date	Claim	Date	Claim	Date
Final	Original	Final	Original	Final	Original
1	6/10/2	51		101	
2		52		102	
3		53		103	
4		54		104	
5		55		105	
6		56		106	
7		57		107	
8	✓	58		108	
9	✓	59		109	
10	✓	60		110	
11	✓	61		111	
12	0	62		112	
13	0	63		113	
14	0	64		114	
15	0	65		115	
16		66		116	
17		67		117	
18		68		118	
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46		96		146	
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48		98		148	
49		99		149	
50		100		150	

If more than 150 claims or 10 actions
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TITLE

CLAIM

INTERNAL

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